

8-4-03 NEW 03-18850

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: ~~Performance~~ Performance Lawn Service
BUSINESS STREET ADDRESS: 4001sw11ave Davie ZIP 33328
BUSINESS MAILING ADDRESS: 4001sw11ave Davie ZIP 33328
BUSINESS PHONE: 954-448-9344
DESCRIBE TYPE OF BUSINESS: Lawn Service
BUSINESS IS: Corporation _____ Sole Proprietor ☒ Partnership _____

Owner/Officer (s) Home Address City/Zip 33328 Phone#
1. Chris Domes 4001sw11ave Davie 954-448-9344
2. _____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 03, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Chris Domes

Print Owner or Officers Name and Title


Signature of Owner or Officer

Office Use Only: Date 8/4/03		Category 08600	Fee Exempt per Sec. 13-13 _____	Fee 46.31	Rec# _____	New <input checked="" type="checkbox"/> Trans _____
License # 03-18850		Control # 15363	Y2 23.16		Zoning A-1	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning Approval JAB		Date 8/5/03		
Town Council Date _____		Approved _____		Denied _____		
Tabled To _____		Approved _____		Denied _____		
LOCATED 10 16/12						
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____						

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

Phone mail only